

Alaska Medicaid

ONFI™(clobazam)

Available 5mg, 10mg, and 20mg tablets, Schedule IV controlled substance

INDICATIONS and USAGE:

ONFI™ (clobazam) is indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.¹

Criteria for Approval:

1. Diagnosis of Lennox-Gastaut Syndrome; **AND**
2. Current therapy with at least one other antiepileptic medication including documentation of current and prior therapies; **AND**
3. Recipient is 2 years of age or older

Length of Authorization:

1. Coverage may be approved for 6 months.

Dispensing Limit:

1. The dispensing limit is a 30 day supply of medication with the following **Quantity Limit** of 2 doses per day

References:

¹ Onfi™ package insert is available at:

< http://www.lundbeck.com/upload/us/files/pdf/Products/Onfi_PI_US_EN.pdf >

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Onfi criteria

Version 1

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